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TB CARE I

TB CARE I - CAR Tajikistan

**Year 2
Quarterly Report
July-September 2012**

October 30, 2012

Quarterly Overview

Reporting Country	CAR-Tajikistan
Lead Partner	KNCV
Collaborating Partners	
Date Report Sent	30 October 2012
From	Mavluda Makhmudova
To	Arman Toktabayanov, Christina Lau, Kosimova Dilorom
Reporting Period	July-September 2012

Technical Areas	% Completion
1. Universal and Early Access	17%
2. Laboratories	100%
3. Infection Control	33%
4. PMDT	100%
5. TB/HIV	100%
6. Health Systems Strengthening	50%
7. M&E, OR and Surveillance	0%

Overall work plan completion	57%
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Most Significant Achievements

TB CARE I started its program in Tajikistan in May of 2012. The office was officially registered with the Ministry of Justice on August 10, 2012. Following the employment of the Country Director Mavluda Makhmudova in June of 2012, Technical Officer Firuza Saidova was hired on August 20, 2012. She is responsible for the technical areas such as PMDT, Universal /Early Access, M&E, OR and Surveillance. Staff moved in the new TB CARE I office in Tajikistan in September 2012.

Universal and Early Access:

The draft of Interagency Plan on TB control program coordination between general and a prison TB service was developed and submitted to Thematic Working Group for further consideration. The document was developed by the representatives of NTP, Prison Service, and main partner organizations working in the respective TB control programs (UNDP/ Global Fund, QHCP, Dialogue on HIV and TB, Caritas Luxemburg, AFEW) during a coordination meeting conducted by TB CARE I team.

Laboratory:

The Xpert Thematic Working Group (Xpert TWG) was extended by clinicians in addition to the laboratory specialists. This was the result of a three-day workshop on the development of GeneXpert implementation strategy. Another achievement was the draft of National Xpert MTB/Rif implementation strategy developed during the above mentioned workshop. The workshop was conducted with participation of NTP and key partner organizations working in the respective TB control programs (20 representatives - 7 males and 13 females, from NTP, UNDP/ Global Fund, USAID/QHCP, Caritas Luxemburg, MSF, RCC/Project HOPE) and facilitated by PMU's Technical Officer Manuela Rehr, Regional Adviser Maria Idrisova and Regional Laboratory Specialist Bela Kim. For the time being, the developed draft of the National Xpert MTB/RIF Implementation Strategy in Tajikistan are being revised and finalized by TWG on Xpert. In the end of October 2012, it is planned to finalize the National Xpert MTB/Rif strategy in the Xpert TWG meeting and then submit the document to NTP/MoH for approval.

Infection control:

Recommendations for improvement of TB -IC in the national and TB facilities level were developed based on the results of the assessment mission conducted by Vlad Furman, Regional TB IC Consultant. Training and procurement needs in TB IC equipment for measurement in the TB facilities in pilot regions were identified during the assessment as well. This mission was conducted in September 10-19, 2012. During this period TB IC consultant has visited TB health facilities in Khatlon Oblast and particular in two pilot sites (Dangara and Temurmalik).

PMDT:

44 medical workers (12 females and 32 males) from two pilot sites Dangara and Temurmalik districts were trained in PMDT during three 2-day trainings in August. These trainings were conducted for three target groups: TB and PHC managers, TB clinicians and family doctors, TB and PHC nurses. The trainings were facilitated by TB CARE I Regional Senior TB Adviser Maria Idrisova.

HSS:

Two (1 female and 1 male) NTP specialists were supported by TB CARE I to participate in WHO training on clinical management of DRTB in Riga, Latvia. Two (1 female and 1 male) more childhood TB doctors from NTP participated in the WHO workshop on Childhood TB in Riga, Latvia.

Overall work plan implementation status

1. Most of the scheduled activities planned in quarter 4 were accomplished.
2. The overall work plan completion by the end of Q4 was 57%. Due to the delayed start of TB CARE I in Tajikistan some of activities were not completed and will be moved to APA3. Other activities scheduled for APA 2 related to Prison System and Migrants (i.e. Assessment mission on TB control in prisons, Round Table on TB on Migrants and etc.) were cancelled because the MoH did not consider them as priorities for the project since other partners already are actively involved in these components.

Technical and administrative challenges

Administrative challenges:

1. Due to delay in signing of the Memorandum of Understanding between the Ministry of Health and USAID country mission, Xpert training for the new site in Vahdat/Rasht was postponed. The Memorandum of Understanding is expected to be signed in October 2012.
2. Hiring qualified staff is taking longer than expected. Currently, TB CARE I is still looking to fill the positions of Accountant, Administrative Assistant and second Technical Officer. Two rounds of interviews for the positions of Technical Officer and Accountant were conducted, but none of the applicants was selected.

In-country Global Fund status and update

Currently, there are two Global Fund Principal Recipients in the country: PIU UNDP (GF Round 8) and Project HOPE (GF Round 3 RCC).

Phase 2 of RCC (Project HOPE) has been approved for October 2012 - September 2015. The activities under RCC Phase 2 Project focused on implementation of MDR TB Program in five pilot districts in Soghd oblast and one district in Khatlon oblast. Under the RCC Phase 2 it is planned to procure FLDs for the whole country for 2012-2015 and SLDs for additional 300 patients for 2012-2015 (100 patients a year). Two Xpert MTB/Rif machines with cartridges and other laboratory consumables and chemical reagents for all microscopy laboratories of the country will be procured under the project. The project will support monitoring visits and trainings.

Transitional Funding Mechanism (TFM) for Tajikistan (PIU UNDP) was approved by Global Fund. The funding under TFM is \$17millions USD for 2014-2015. The SLDs will be purchased for 1,600 patients (800 patients a year). There are also funds directed on TB/HIV activities, monitoring visits and trainings.

Quarterly Technical Outcome Report

Technical Area	1. Universal and Early Access							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.5 [OUTPUT] Description: Coordination mechanism between civil and prison TB services Indicator Value: Yes/No Level: National Source:TB CARE I report Means of Verification: Joint MoH&MoJ order	no	2011	yes	2012	no	In order to identify priorities for strengthening coordination between prison and general TB services for TB control in prisons and determine needs for strengthening integration between prison and general TB services, TB CARE I conducted a one-day coordination meeting in July 4, 2012 for relevant stakeholders. The participants agreed to revise and identify the roles, responsibilities, mandates and mechanisms for collaboration between respective working groups and revise the composition of TWG on TB control in prison/NTP to ensure participation of relevant stakeholders. During the meeting, the joint interagency plan on coordination between general and prison TB services was drafted. A total of 14 participants were present (5 female and 9 male). Regional Senior TB Adviser Maria Idrissova facilitated the meeting.	Challenges: 1. Currently, the coordination between the Prison Services and general TB services is rather weak. Major gaps in the provision of services within the prison are addressed by international projects, such as UNDP and Caritas. 2. There is insufficient commitment from both health and prison authorities to strengthen coordination and integration. 3. Weak capacity of prison service staff. Next steps: 1. Each partner organization will be requested by TB CARE I to appoint a member for the working group. TWG regulations will be revised and finalized in the next meeting of the working group. 2. Provide trainings for prison system staff.
	1.2. 6 [OUTPUT] Description: Medium term plan for implementation of integrated framework for TB control in prisons developed and approved Indicator Value: Yes/No Level: National Source: TB CARE report Means of Verification: Medium term plan	no	2011	yes	2012	no	At the request of NTP this activity was cancelled, since NTP has already developed the plan under GF project	The order on interagency collaboration between general and prison TB services including medium term plan already exists. Therefore, this activity was canceled.

	<p>1.2.7 [OUTPUT]</p> <p>Description: Protocol of outpatient model of care including patient support system</p> <p>Indicator Value: Yes/No</p> <p>Level: TB CARE geographical area</p> <p>Source: TB CARE report</p> <p>Means of Verification: Protocol on outpatient model of care approved by MoH/NTP</p>	no	2011	yes	2012	No	Initial review of outpatient care was conducted by Regional Officer Gulnara Kaliakbarova. A set of recommendations was developed during introductory assessment mission on June 3-10.	Challenges: Due to delayed start of the project, only initial review of outpatient care was conducted in APA2. Next steps: 1. Protocol on outpatient care will be developed in line with international recommendations and experiences in APA3. Customized patient support system will be an integral part of the protocol. 2. Regulatory framework for piloting outpatient models will be developed and introduced in APA3.
	<p>1.2.8 [OUTPUT]</p> <p>Description: Analysis of legal basis on access to TB service for migrants</p> <p>Indicator Value: Yes/No</p> <p>Level: National</p> <p>Source: TB CARE I</p> <p>Means of Verification: report on analysis</p>	no	2011	yes	2012	No	The activity is cancelled, as MoH is not considering this activity as a priority for the National TB Program.	NTP and MOH do not consider TB control for migrants a priority for TB CARE I project. MoH believes IOM already provides sufficient support in this area.

Technical Area 2. Laboratories								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.3.4 [OUTPUT] Description: Set up a system for Xpert MTB/Rif implementation in the country Indicator Value: Yes/No Level: National Source: NTP Means of Verification: Strategy for Xpert MTB/Rif implementation in Tajikistan	no	2011	yes	2013	no	<p>1. Three-day workshop was conducted on August 21-23, 2012 to develop a national Xpert MTB/RIF implementation strategy and a plan for Xpert MTB/RIF implementation in Tajikistan. 20 specialists (7 females and 13 males) from NTP and key partner organizations working in the respective TB control programs (UNDP/ Global Fund, USAID/QHCP, Caritas Luxemburg, MSF, RCC/Project HOPE) participated in the workshop. The workshop was facilitated by PMUs Technical Officer Manuela Rehr, Senior Regional TB Adviser Maria Idrissova and Regional Laboratory Officer Bela Kim.</p> <p>2. Follow on one-day meeting of TWG on Xpert was conducted on September 6, 2012 to discuss the Xpert MTB/RIF implementation strategy, clinical protocol, including diagnostic algorithm, registers & request forms.</p>	<p>Challenges:</p> <p>1. Because the Memorandum of Understanding between USAID and MOH is not yet signed, piloting of Vahdat site had to be postponed. The MOU is under finalization and revision by MOH.</p> <p>Next steps:</p> <p>1. Formalize the Lab/Xpert TWG and ToR. Include additional members with clinical and public health background, as well as partners and representatives from current Xpert sites.</p> <p>2. Finalize Xpert implementation strategy: clinical protocol, diagnostic algorithm, registers & request forms. Develop training materials for Xpert & SOPs for Xpert (lab procedures, waste management, biosafety, sample transport).</p> <p>3. Conduct site assessment where Xpert will be introduced. Presently QHCP procured 1 Xpert which NTP decided to place in Rasht. Under TB CARE I project procurement of machines is not expected so project will be only supporting by training, monitoring and evaluation activities.</p> <p>4. Conduct national ToT on Xpert MTB/RIF.</p> <p>5. Conduct training for clinicians & lab staff on the finalized implementation</p>

Technical Area	3. Infection Control							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
3.2 Scaled-up implementation of TB-IC strategies	3.2.3 [OUTPUT] Description: National TB-IC plan revised and address TB-IC activities in prisons Indicator Value: Yes/No Level: National Source: NTP Means of Verification: TB CARE I report	no	2011	yes	2012	yes	Assessment mission was conducted on September 10-19 by international consultant Vlad Furman to identify the needs for TB IC activities in TB facilities located in pilot regions at the project sites level. During the visits, training and procurement needs in TB-IC equipment for measurement were identified and a set of recommendations to improve TB IC situation in the TB facilities in pilot regions were developed.	Challenges: 1. For APA 2 it was planned to conduct several activities, but due to the late start of the project only the assesment mission was conducted. Next steps: 1. Training of staff in TB IC, including ToT; 2. Development and improvement of TB IC activities plans at the national and facility levels; 3. Implementation of administrative measures at the TB health facilities in
3.4 Improved TB-IC human resources	3.4.1 A team of trained trainers in TB IC is available Indicator Value: Yes/No	no	2011	yes	2012	no	Activities related to ToT on TB-IC, and supportive supervision visits are moved to APA3.	Next steps: Conduct trainings on TB IC including TOT

Technical Area	4. PMDT							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
4.1 Improved treatment success of MDR	4.1.5 [OUTPUT] PMDT in civil TB service and prisons has been assessed Indicator Value: Yes/No Level: TB CARE I geographic areas Source: TB CARE I project Means of Verification: PMDT in prisons assessment report	no	2011	yes	2012	yes	Assessment of PMDT in prison and general TB services was conducted in June. At the request of NTP, TB CARE I agreed to provide trainings for Temurmalik and Dangara districts, as NTP pushes for the expansion of MDR TB program nationwide. From August 27 to September 1, 2012 TB CARE I conducted three 2-day PMDT trainings for 44 participants (12 females and 32 males) from two pilot districts (Dangara and Temurmalik). There were 3 target groups in the trainings: TB and PHC managers, TB clinicians and family doctors, TB and PHC nurses. Regional Senior Adviser Maria Idrissova facilitated PMDT trainings jointly with NTP trainers.	Challenges: 1. Lack of DOTS/DOTS+ knowledge in practitioners (case definitions, recording and reporting, cohort analysis, side effect management etc) in the pilot districts. 2. Absence of practical instructions/ protocols on management of TB, MDR TB cases at lower levels. Next steps: 1. Conduct refresher DOTS/ DOTS+ trainings for practitioners. 2. Conduct supportive monitoring and supervision visits and on-the-job trainings for specialists from pilots. 3. Revise training materials (PMDT curriculum) and update them in line with the latest WHO recommendations and recently approved by MOH Guidelines on MDR TB and Childhood TB. 4. Develop side effect management protocol, based on the newly developed national MDR TB guideline.

Technical Area 5. TB/HIV								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
5.2 Improved diagnosis of TB/HIV co-infection	5.2.5 [OUTPUT] TB/HIV care in civil and prison sectors has been assessed in the last year. Indicator Value: Yes/No Level: TB CARE I geographic areas Source: TB CARE I project Means of Verification: TB/HIV care in prisons assessment report	No	2011	Yes	2012	yes	During the initial assessment by TB CARE I in Tajikistan in June 2012, TB HIV policy and practices were reviewed. Key accomplishments, weaknesses and priorities in TB-HIV program were discussed and identified during the mission.	Challenges: Weak coordination of TB and HIV services at the national level. Absence of practical TB-HIV guidelines. Existing NTP monitoring system does not include TB-HIV component. TB and HIV clinicians need to be trained in case management of TB-HIV. Next step: under PMDT, some TB-HIV aspects such as rapid TB/MDR TB diagnostic in HIV patients, case management of co-infected MDR TB-HIV cases, as well as analysis and reporting will be covered.






Technical Area 6. Health Systems Strengthening								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies	6.2.1 Supervisory visits conducted according to country supervisory standards Indicator Value: Percent Numerator: Number of annual supervisory visits conducted disaggregated by three levels. Denominator: Number of annual supervisory visits planned disaggregated by three levels.	N/A	2011	100% (2 out of 2 planned)	2012	no	Supervisory visits to prison were cancelled at the request of the MoH, citing that many partners already work with the Prison Service, including UNDP, Caritas and AFEW.	Only limited activities with Prison Service will be considered in APA3.



and service delivery of these components	6.2.3 People trained using TB CARE funds Indicator Value: Number of people trained disaggregated by gender and type of training.	0	2011	3 people (international training courses)	2012	4	<p>TB CARE I supported participation of four NTP specialists in trainings conducted by WHO Collaborating Centre for Research and Training in Management in MDR TB in Riga, Latvia. Two specialists (1 male and 1 female) were trained in the clinical management of childhood TB (August 27-September 05, 2012) and two (1 male and 1 female) specialists participated in the International Advanced Training Course on Clinical Management of Drug-Resistant Tuberculosis for WHO Europe Region countries (August 27-September 07, 2012).</p> <p>44 specialists (TB clinicians, nurses, TB and PHC managers, 32 males and 12 females) from two pilot districts (Dangara and Temurmalik) were trained in PMDT during three 2-day trainings.</p>	<p>Challenges:</p> <p>1. All candidates going to overseas trainings need to be approved by MoH, which takes a long time and sometimes results in the selection of not appropriate candidates. Given the short time for the preparation for this training, NTP director approved the candidates himself.</p>
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Technical Area 7. M&E, OR and Surveillance





Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
7.1 Strengthened TB surveillance	7.1.1 An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels Indicator Value: Yes/No	No	2011	Yes	2013	No	E-surveillance activities were moved to APA3.	Challenges: Due to the delay in starting TB CARE I in Tajikistan, this activity was postponed and carried over to APA3



Quarterly Activity Plan Report



1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Project Launch	KNCV	6.010	 0%	September	2012	Project Launch was postponed as the MoU was not signed yet between USAID and Ministry of Health of Tajikistan. This activity was carry over to APA3.
	1.2.2	Assesment mission on TB control in prisons	KNCV	3.390	 0%	June	2012	Review of TB control in prison was part of assessment mission of TB CARE I in Tajikistan. Meeting with prison authorities and key partners (Caritas Luxemburg, GFATM) was conducted to discuss existing practices and needs to strengthen TB control. Regional Adviver provided technical assistance in this activity.
	1.2.3	Coordination mechanism between prison and civil TB services	KNCV	3.210	 50%	July	2012	Coordination meeting was conducted on July 4, 2012. The draft of Interagency Plan on TB control program coordination between general and a prison TB service was developed in the meeting and submitted to Thematic Working Group for further consideration. The document was prepared by the representatives of NTP, Prison Service, and main partner organizations working in the respective TB control programs (UNDP/ Global Fund, QHCP, Dialogue on HIV and TB, Caritas Luxemburg, AFEW) during a coordination meeting conducted by TB CARE I team.
	1.2.4	Medium term plan for implementation of integrated framework for TB control in prisons	KNCV	14.100	 0%		2012	Under request of NTP this activity was cancelled: NTP has already developed a similar plan under GF project.
	1.2.5	Analysis of site capacities and needs for piloting outpatient model of care	KNCV	3.370	 50%	June	2012	Initial assessment of outpatient care was conducted in APA2. The protocol for outpatient care will be further developed in APA3.

	1.2.6	Round table for the National TWG on TB in migrants	KNCV	8.030	 0%		2012	This activity is canceled. NTP and MOH do not consider TB control for migrants a priority for TB CARE I project. MoH believes IOM already provides sufficient support in this area.
					 17%			




2. Laboratories			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.3.1	Support of Technical working group on Xpert MTB/Rif implementation	KNCV	3.180	 100%	August	2012	Workshop on the development of national Xpert strategy was conducted in August 21-23, 2012. TWG meeting was conducted on September 6, 2012 to discuss the clinical protocols and algorithm. Draft elements of the strategy were developed toward the end of this quarter. 20 representatives (7 males and 13 females) of NTP and partner organizations participated in the Workshop.
					 100%			



3. Infection Control			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	Assessment mission on TB-IC in civil and prison TB facilities	KNCV	12.967	 100%	September	2012	Assessment mission on TB IC in civil TB facilities was conducted on September 10-19,
	3.2.2	Revision/development of National TB-IC plan address TB-IC in prisons	KNCV	8.220	 0%	September	2012	Activity was canceled by Ministry of Health because of this plan was already developed by UNDP PIU GF.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.4 Improved TB-IC human resources	3.4.1	Training of trainers on TB-IC	KNCV	26.712	 0%	September	2012	Training of trainers on TB IC was carried over to APA3.
					 33%			

4. PMDT			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR	4.1.1	PMDT assessment in civil and prison sectors	KNCV	14.607	 100%	June	2012	PMDT assessment in civil sector was conducted by Regional TB CARE I team during the general assessment mission in June. Two project sites in Khatlon oblast (Dangara and Temurmali) recommended by NTP/MoH were visited during the mission. Prioritized activities to start piloting MDR TB in the project sites have been determined and discussed with NTP and MoH representatives. Furthermore, at the request of NTP, MDR TB trainings were conducted in two pilot districts.
					 100%			

5. TB/HIV			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	Assessment of TB/HIV care in civil and prison sectors	KNCV	2.927	 100%	June	2012	During the initial assessment conducted by TB CARE I Regional Team in Tajikistan in June 2012, TB HIV policy and practices were reviewed. Key accomplishments, weaknesses and priorities in TB-HIV program were identified during the mission and discussed with NTP and MoH staff. One of the major needs identified was the need for clear clinical guidelines for TB-HIV co-infection management for practitioners both in TB and HIV services.
					 100%			

6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	

6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1	Supervisory visits on TB control in prisons	KNCV	6.120	 0%		2012	Supervisory visits to prison were cancelled at the request of the MoH, citing that many partners already work with the Prison Service, including UNDP, Caritas and AFEW.
	6.2.2	Strengthening local capacities	KNCV	32.910	 100%	August	2012	TB CARE I sponsored the participation of four NTP specialists in trainings conducted by WHO Collaborating Centre for Research and Training in Management in MDR TB in Riga, Latvia. Two specialists (1 male and 1 female) were trained in clinical management of childhood TB (August 27-September 5, 2012) and the other two (1 male and 1 female) participated in the International Advanced Training Course on Clinical Management of Drug-Resistant Tuberculosis for WHO Europe Region countries (August 27-September 7, 2012). Also, 44 specialists (TB clinicians, nurses, TB and PHC managers, 32 males and 12 females) from two pilot districts (Dangara and Temurmalik) were trained on PMDT during three 2-day trainings.
					 50%			

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	7.1.1	Assessment mission on TB surveillance system in prisons	KNCV	23.705	 0%		2012	This activity was canceled at the request of MoH
					 0%			

Quarterly MDR-TB Report

Country	CAR-Tajikistan
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	333	245
Jan-Sep 2011	398	179
Oct-Dec 2011	200	201
Total 2011	598	380
Jan-Mar 2012	148	108
Apr-Jun 2012	186	132
Jul-Sep 2012	260	180
To date in 2012	594	420

Quarterly GeneXpert Report

Country	CAR-Tajikistan
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Table 1: TB CARE I-funded GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. July 2012)
	Jan-Dec 2011	Jan-Sept 2012	Cumulative Total		
# GeneXpert Instruments			0		
# Cartridges			0		

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments

*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)
Add an additional row for every procurement order of cartridges

TB CARE I doesn't procure Xpert MTB/Rif machines in Tajikistan. Only technical assistance will be provided.

Any additional information/clarifications to the above (optional)

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.

In APA 3 it is planning to provided technical assistance on development of national strategic plan on Xpert implementation, training of national team of trainers on Xpert MTB/Rif, implementation of Xpert MTB/Rif in one district (Rasht) and cascade trainings for laboratory specialists in Xpert sites and TB clinical specialists.

Photos 1 and 2. PMDT training for TB and PHC nurses from 2 pilot districts (Dangara and Temurmalik), Dushanbe, August 27-28, 2012
Photos 3, 4 and 5. Xpert MTB/RIF Strategy Development Workshop, Dushanbe, August 21-23, 2012



Photo 1



Photo 2



Photo 3



Photo 4



Photo 5

Inventory List of Equipment - TB CARE I



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TB CARE I

Organization:	TB CARE I
Country:	CAR-Tajikistan
Reporting period:	July-September 2012
Year:	APA 2

Description (1)	ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition (7)	Disposition date (8)	Title held by (9)	Insurance Policy #
Desktop PC, ПЭBM-i32107A	i32104Z5SA6670000	September 20, 2012	3123 TJS	312 TJS	KNCV Branch office, Dushanbe	Good/new			
Desktop PC, ПЭBM-i52408	i52404Z5WA6670000	September 20, 2012	4018 TJS	402 TJS	KNCV Branch office, Dushanbe	Good/new			
Monitor, Samsung LS22A100NS/KZ	ZTYAH4LC10011B	September 20, 2012	880 TJS	88 TJS	KNCV Branch office, Dushanbe	Good/new			
Monitor, Samsung LS22A100NS/KZ	ZTYAH4LC100108R	September 20, 2012	880 TJS	88 TJS	KNCV Branch office, Dushanbe	Good/new			
Laptop, Asus K53E (I3-2350M)	C4NOAS67776917H	September 20, 2012	3470 TJS	347 TJS	KNCV Branch office, Dushanbe	Good/new			
Laptop, Asus U43SD-WX024V-KZ	BANOAS785104432	September 20, 2012	6499 TJS	650 TJS	KNCV Branch office, Dushanbe	Good/new			
Desk telephones, KX-TS2570RU	2EAKF039388	September 20, 2012	265 TJS	26,5 TJS	KNCV Branch office, Dushanbe	Good/new			
Desk telephones, KX-TS2570RU	2EAKF039364	September 20, 2012	265 TJS	26,5 TJS	KNCV Branch office, Dushanbe	Good/new			
Desk telephones, KX-TS2570RU	2EAKF039347	September 20, 2012	265 TJS	26,5 TJS	KNCV Branch office, Dushanbe	Good/new			
Desk telephones, KX-TS2570RU	2EAKF039348	September 20, 2012	265 TJS	26,5 TJS	KNCV Branch office, Dushanbe	Good/new			
LCD projector, Epson EB-X12, V11H429040	PSDK2502135	September 20, 2012	3365 TJS	336 TJS	KNCV Branch office, Dushanbe	Good/new			
(fax+scanner+printer+copier), Laser Jet Pro M1536dnf MFP	CND9D5TBZN	September 20, 2012	1750 TJS	175 TJS	KNCV Branch office, Dushanbe	Good/new			
Mouse, Genius Traveler 6000, classic, 2.4G	31030051111	September 20, 2012	76 TJS	7,6 TJS	KNCV Branch office, Dushanbe	Good/new			
Mouse, Genius Traveler 6000, classic, 2.4G	31030051111	September 20, 2012	76 TJS	7,6 TJS	KNCV Branch office, Dushanbe	Good/new			

Mouse, Genius NS 200, Laser USB	31010065101	September 20, 2012	45 TJS	4,5 TJS	KNCV Branch office, Dushanbe	Good/new			
Mouse, Genius NS 200, Laser USB	31010065101	September 20, 2012	45 TJS	4,5 TJS	KNCV Branch office, Dushanbe	Good/new			
APC Back -UPS ES 700VA230V Power-Sacing	BE700G-RS	September 20, 2012	550 TJS	55 TJS	KNCV Branch office, Dushanbe	Good/new			
APC Back -UPS ES 700VA230V Power-Sacing	BE700G-RS	September 20, 2012	550 TJS	55 TJS	KNCV Branch office, Dushanbe	Good/new			
Head Set, CNR HS 10	U1R1392299	September 20, 2012	89 TJS	8,9 TJS	KNCV Branch office, Dushanbe	Good/new			
Head Set, CNR HS 10	U1R1392297	September 20, 2012	89 TJS	8,9 TJS	KNCV Branch office, Dushanbe	Good/new			
Head Set, CNR HS3	U171501587	September 20, 2012	78 TJS	7,8 TJS	KNCV Branch office, Dushanbe	Good/new			
Head Set, CNR HS3	U171501589	September 20, 2012	78 TJS	7,8 TJS	KNCV Branch office, Dushanbe	Good/new			
Office table	00001	September 18, 2012	726,4 TJS	72,6 TJS	KNCV Branch office, Dushanbe	Good/new			
Office table	00002	September 18, 2012	726,4 TJS	72,6 TJS	KNCV Branch office, Dushanbe	Good/new			
Office table	00003	September 18, 2012	726,4 TJS	72,6 TJS	KNCV Branch office, Dushanbe	Good/new			
Office table	00004	September 18, 2012	726,4 TJS	72,6 TJS	KNCV Branch office, Dushanbe	Good/new			
Office table	00005	September 18, 2012	726,4 TJS	72,6 TJS	KNCV Branch office, Dushanbe	Good/new			
Portable cabinets	00006	September 18, 2012	330 TJS	33 TJS	KNCV Branch office, Dushanbe	Good/new			
Portable cabinets	00007	September 18, 2012	330 TJS	33 TJS	KNCV Branch office, Dushanbe	Good/new			
Portable cabinets	00008	September 18, 2012	330 TJS	33 TJS	KNCV Branch office, Dushanbe	Good/new			
Portable cabinets	00009	September 18, 2012	330 TJS	33 TJS	KNCV Branch office, Dushanbe	Good/new			
Portable cabinets	00010	September 18, 2012	330 TJS	33 TJS	KNCV Branch office, Dushanbe	Good/new			

Conference Table	00011	September 18, 2012	1496,4 TJS	149,6 TJS	KNCV Branch office, Dushanbe	Good/new			
Filing cabinet	00012	September 18, 2012	791,8 TJS	79,2 TJS	KNCV Branch office, Dushanbe	Good/new			
Filing cabinet	00013	September 18, 2012	791,8 TJS	79,2 TJS	KNCV Branch office, Dushanbe	Good/new			
Filing cabinet	00014	September 18, 2012	791,8 TJS	79,2 TJS	KNCV Branch office, Dushanbe	Good/new			
Filing cabinet	00015	September 18, 2012	791,8 TJS	79,2 TJS	KNCV Branch office, Dushanbe	Good/new			
Filing cabinet	00016	September 18, 2012	791,8 TJS	79,2 TJS	KNCV Branch office, Dushanbe	Good/new			
Safe	00017	September 18, 2012	1480 TJS	148 TJS	KNCV Branch office, Dushanbe	Good/new			
Chairs	00018	September 18, 2012	363,6 TJS	36,4 TJS	KNCV Branch office, Dushanbe	Good/new			
Chairs	00019	September 18, 2012	363,6 TJS	36,4 TJS	KNCV Branch office, Dushanbe	Good/new			
Chairs	00020	September 18, 2012	363,6 TJS	36,4 TJS	KNCV Branch office, Dushanbe	Good/new			
Chairs	00021	September 18, 2012	363,6 TJS	36,4 TJS	KNCV Branch office, Dushanbe	Good/new			
Chairs	00022	September 18, 2012	363,6 TJS	36,4 TJS	KNCV Branch office, Dushanbe	Good/new			
Armchairs	00023	September 18, 2012	701,8 TJS	70,2 TJS	KNCV Branch office, Dushanbe	Good/new			
Armchairs	00024	September 18, 2012	264, 1 TJS	26,4 TJS	KNCV Branch office, Dushanbe	Good/new			
Armchairs	00025	September 18, 2012	264, 1 TJS	26,4 TJS	KNCV Branch office, Dushanbe	Good/new			
Armchairs	00026	September 18, 2012	264, 1 TJS	26,4 TJS	KNCV Branch office, Dushanbe	Good/new			
Armchairs	00027	September 18, 2012	264, 1 TJS	26,4 TJS	KNCV Branch office, Dushanbe	Good/new			

(1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others

(2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)

(3) Date of invoice

(4) Total price including any sales tax paid. Use currency on invoice

(5) Note any sales tax charged

(6) Address

(7) Good/fair or bad

(8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.

where a recipient compensated TB CARE I for its share. Attach supplementary info